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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004.
Fees subject to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known	
Application Number	09/936,979
Filing Date	January 24, 2002
First Named Inventor	William Melvin
Examiner Name	Brandon J. Petterolf
Art Unit	1642
Attorney Docket No.	1012-010300US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): Deposit Account
 Deposit Account Deposit Account Number: 50-0893 Deposit Account Name: Quine Intellectual Property Law Group, P.C.

For the above identified deposit account, the Director is hereby authorized to : (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) Fee (\$)

50

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 27 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>(\\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100	/50 = _____	Round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): _____

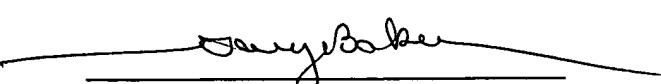
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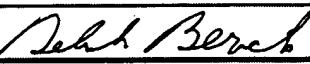
Other : Petition for Extension of Time for 2 Months

Other : _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	41,595	Telephone	510 769-3510
Name (Print/Type)	Gary Baker			Date	June 16, 2006

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 1012-010300US																		
<table border="1"> <tr> <td rowspan="4" style="text-align: center; vertical-align: middle; width: 150px; height: 100px;"> </td> <td colspan="2">In re Application of William Melvin and Graeme Iam Murray</td> </tr> <tr> <td colspan="2">Application Number: 09/936,979 Filed: January 24, 2002</td> </tr> <tr> <td colspan="2">For ANTIBODIES SPECIFIC FOR CYP1B1</td> </tr> <tr> <td>Group Art Unit 1642</td> <td>Examiner Brandon J. Petterolf</td> </tr> </table>				In re Application of William Melvin and Graeme Iam Murray		Application Number: 09/936,979 Filed: January 24, 2002		For ANTIBODIES SPECIFIC FOR CYP1B1		Group Art Unit 1642	Examiner Brandon J. Petterolf									
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	Group Art Unit 1642	Examiner Brandon J. Petterolf																		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above-identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr> <td><input type="checkbox"/></td> <td>One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Two months (37 CFR 1.17(a)(2))</td> <td>\$450</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Three months (37 CFR 1.17(a)(3))</td> <td>\$1020</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four months (37 CFR 1.17(a)(4))</td> <td>\$1590</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five months (37 CFR 1.17(a)(5))</td> <td>\$2160</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="2">Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____</td> </tr> </table> <p>A small entity statement under 37 CFR 1.27:</p> <p><input type="checkbox"/> is enclosed.</p> <p><input type="checkbox"/> has already been filed in this application.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment, to Deposit Account Number <u>50-0893</u>.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest.</p> <p><input type="checkbox"/> applicant.</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a). _____.</p>			<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	<input type="checkbox"/>	Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____	
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<u>June 16, 2006</u> Date		 Signature																		
<u>Gary Baker</u> Typed or printed name and Reg. No.																				

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, DC 20231 on the date below:			
Typed or Printed Name	Deborah Berwick		
Signature			Date
			June 16, 2006